STATE MEDICAID P&T COMMITTEE MEETING

THURSDAY, April 15, 2010
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114

MINUTES

Committee Members Present:
Ellie Brownstein, M.D.
Michael Flynn, M.D.
Karen Gunning, PharmD.
Raymond Ward, M.D.
Kort Delost, R.Ph.
Duane Parke, R.Ph.
Brandon Jennings, PharmD.

Board Members Excused:
Beth Johnson, R.Ph.

Dept. of Health/Div. of Health Care Financing Staff Present:
Lisa Hulbert, R.Ph.
Tim Morley, R.Ph.

University of Utah Drug Information Center Staff Present:
Dave Peterson, PharmD.

Other Individuals Present:
Ann Gustafson, GSK
Michael Fultz
Mikko Laitinen, Pfizer
Sabrina Aery, BMS
Alan Bailey, Pfizer
Lori Howarth, Bayer
Robert Olson, Shinogi
Amber Diaz
Amy Fetter, Pfizer
Vern Stacey, GSK
Brett Brewer, EMD Serono

Meeting conducted by: Ray Ward, MD, Co-Chairperson.

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1. Minutes for March 2010 were reviewed, corrected, and approved. Brandon Jennings moved to approve the minutes. Dr. Ward seconded the motion. The minutes were unanimously approved with votes by Dr. Brownstein, Dr. Flynn, Dr. Gunning, Dr. Ward, Kort DeLost, Duane Parke, and Dr. Jennings.

2. DUR Board Update: Lisa Hulbert addressed the Committee. The DUR Board had some changes approved through Senate Bill 41, so they can now consider cost. Their notification has changed to 14 days, instead of 30 days, so they can actually complete a meeting and carry business forward now. Time to placing a PA has also gone from 90 days to 30 days. The DUR Board cannot consider cost as a primary reason for a PA; they still have to go through a list of considerations before cost is considered. Next month, Multaq and Samsca will be considered and a new chairperson will be elected.

3. Oral NSAIDS: Dr. Dave Peterson from the Drug Information Service addressed the Committee and presented information on oral NSAIDS that was compiled by the group.

Dr. Raymond Ward pointed out that COX-2 inhibitors were addressed in a separate meeting. They are not being considered in this meeting, although they may be mentioned in the context of the class review.

Lisa Hulbert asked the Committee about whether or not any of the studies for this class rate safety in pregnancy. Medicaid has been receiving a lot of request for B versus C drugs. Dr. Peterson stated that he does not grant a lot of credibility to the B versus C distinction, and that he doesn't recommend any NSAIDS in pregnancy. Karen Gunning stated that in general she would defer questions on specific drugs to the Pregnancy Risk Line, because the differences in B's and C's are meaningless in many cases. The Pregnancy Risk Line has the most current and meaningful research on many of these issues.

There was no public comment.

Karen Gunning asked if Celebrex was still on Prior Authorization. It is not.

Kort DeLost asked if ketorolac was available for coverage. It is available for coverage. Dr. Peterson stated that the report did not find any major differences in pain control with the oral product available for outpatient use, even though it is well known that the injectible has significant advantages for pain control. There are well-known safety issues with long-term use for all ketorolac products, even thought the Oregon report did not go into detail in discussing them.

Karen Gunning stated that she has seen some weirdness with prescribers that do not seem to know about the 3-day prescribing limit for ketorolac. This is perhaps the case due to growing resistance to prescribing opioids. There should be some limits in place on it. Dr. Ward stated that he thought there were limits on that since he had a prescription rejected for a month supply.

Karen stated that ketorolac obviously cannot be the only agent on a PDL. Dr. Brownstein added that there is a need for an oral liquid to be available as well. Duane reviewed the volume of prescriptions by agent with the Committee. The Committee also thought that it would be appropriate to include one of the more cox-selective agents. Ibuprofen should be included with all dosage forms due to it being approved for very young children and with a suspension. Naproxen has the advantage of having twice daily dosing, and it should be included.

Karen moved that Celebrex is not included in this discussion. Dr. Flynn seconded the motion. The motion was unanimously approved with votes by Dr. Brownstein, Dr. Flynn, Dr. Gunning, Dr. Ward, Kort DeLost, Duane Parke, and Dr. Jennings.

Karen moved that ketorolac cannot be included as the only agent on the PDL due to safety issues and labeling. Dr. Brownstein seconded the motion. The motion was unanimously approved with votes by Dr. Brownstein, Dr. Flynn, Dr. Gunning, Dr. Ward, Kort DeLost, Duane Parke, and Dr. Jennings.

Karen moved that Ibuprofen should be included on the PDL in all dosage formulations. Naproxen should be included because of its twice daily dosing. At least one selective cox inhibitor of the group of etodolac, meloxicam, and nabumetone should be included. Duane Parke seconded the motion. The motion was unanimously approved with votes by Dr. Brownstein, Dr. Flynn, Dr. Gunning, Dr. Ward, Kort DeLost, Duane Parke, and Dr. Jennings.

4. Review of PDL: Duane Parke addressed the Committee. Last month the P&T Committee was provided with the current PDL. The Committee was asked if there were any drug classes they felt needed a review.

Dr. Ward stated that he thought that some of the preferred versus non-preferred selections did not make sense price-wise, but that could be due to the MAC list and them not understanding how it works.

Karen Gunning thought that there were some classes that needed to be addressed. The TZD's need to be revisited in about 3 months due to new safety information coming out. Dr. Peterson wanted to wait until the FDA came out with more definitive information, but agreed it needed to be reconsidered in the future.

Karen pointed out that Niaspan and Zetia were included in the list with fibric acid derivatives, but they are not in that class.

Karen wanted to discuss the PDL and drug availability issues. Tim stated that the PDL is reviewed on a yearly basis to make sure they are still in the right position in light of new offers from manufacturers. Recently narcotic pain analgesics have been problematic, because Medicaid made some changes to the PDL based on medications that were not available. There were some very financially attractive offers for certain manufacturers, and chose to cover brands in certain cases. It turned out that some of those decisions needed to be reversed because of availability. Medicaid is still working on communicating rapidly with large numbers of providers.

Dr. Ward suggested giving up on that. He deals with so many different providers that there is no way to assimilate information from all of them. Karen suggested that the best way to communicate would be via reject messages.

Kort DeLost also pointed out that the brand name drugs cost a lot more for the pharmacies and created problems with inventory cost. Tim stated that Medicaid intended to reimburse pharmacies for the brand, and recoup the savings on rebates. However, it turned out that the rebates were not available across the board, and that certain NDC's had gone out of production. The manufacturers did support legislation to allow the state to provide payment

for brand versus generic when there is a benefit that accrues to the State. This is why the state was able to favor the brand name based only on a primary CMS rebate.

The Committee felt that the website was a good tool for mass communication, and that it was much more thorough and accurate than many other third party payors'.

Tim stated that Medicaid has learned that trying to implement too many changes too quickly can lead to confusion. When Medicaid decided to go back to generic MS Contin and Fentanyl, they decided to keep the brand names open as well for a short period of time so that pharmacies can get rid of brand-name inventory that no other third party payor will pay for.

The Committee asked how Medicaid determines MAC's. For example, the MAC for Omeprazole was too high for a long time and did not lead to a rational PDL with optimal savings. Tim stated that Medicaid typically conducts research on the MAC's of seven different states in determining a MAC. If the pharmacy charges a lower usual and customary price, they are required to submit that to Medicaid for payment.

The Committee asked how long the PDL contracts are good for. Duane stated that most of the contracts are per calendar year. Some contracts, such as diabetic test supplies, are for multiple years. Karen stated that she would like to minimize the disruption to diabetic test supplies, since re-training a patient on a new system is often difficult and time-consuming for pharmacists.

Next Meeting Set for Thursday, May 20, 2010
There will be no meeting in June 2010
Meeting Adjourned.

Minutes prepared by Jennifer Zeleny